PTO/SB/22 (06-09)

Approved for use through 06/30/2009. ONE 0651-0631

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| Art Unit 1654 Examiner Roy R. Teller This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee | PETITION | FOR EXTENSION OF TIME UNDER | Docket Number (Optional) | | | |
|--|---|---|---------------------------------|---------------------------------|---------------------------------|--|
| Art Unit 1654 Examiner Roy R. Teller This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee | (Fees | | 66781-006USNATL | | | |
| Art Unit 1654 Art Unit 1654 Examiner Roy R. Teller This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee | Application Number 10/550,715 | | | Filed August 16, 2 | Filed August 16, 2006 | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee | For LON | G ACTING BIOLOGICALLY ACTIVE | CONJUGATES | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee | Art Unit 16 | 54 | Examiner Roy R. Te | Examiner Roy R. Teller | | |
| One month (37 CFR 1.17(a)(1)) \$130 \$65 \$ | This is a req application. | uest under the provisions of 37 CFR 1.136 | 6(a) to extend the peri | od for filing a reply in th | e above identified | |
| Che month (37 CFR 1.17(a)(1)) | The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | | |
| Two months (37 CFR 1.17(a)(2)) \$490 \$245 \$ Three months (37 CFR 1.17(a)(3)) \$1110 \$555 \$555 Three months (37 CFR 1.17(a)(4)) \$1730 \$865 \$ Four months (37 CFR 1.17(a)(4)) \$1730 \$865 \$ Five months (37 CFR 1.17(a)(5)) \$2350 \$1175 \$ Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3840 WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). attorney or agent of record. Registration Number 48.511 attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. Registration sumber if acting under 37 CFR 1.34. Registration rumber if acting under 37 CFR 1.34. Account the state of the inventors of a sispenses of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one apprillure is required, are below. | | | Fee | Small Entity Fee | | |
| Three months (37 CFR 1.17(a)(3)) | | One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | \$ | |
| Four months (37 CFR 1.17(a)(4)) \$1730 \$8865 \$ | | Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | \$ | |
| Five months (37 CFR 1.17(a)(5)) \$2350 \$1175 \$ | abla | Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | \$_ 555 | |
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| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.78(b) is enclosed (Form PTO/SB/96). attorney or agent of record. Registration Number 48,511 attorney or agent under 37 CFR 1.34 Aregistration number if acting under 37 CFR 1.34 June 19, 2009 Date 202-416-6800 Typed or printed name OTE Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one required in the printed or the control of 1 forms are submitted. | WARNING: information on this form may become public, Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | |
| Statement under 37 CFR 3.73(b) is enclosed (Form PTO/S8/96). attorney or agent of record. Registration Number 48,511 attorney or agent under 37 CFR 1.34 June 19, 2009 Systiture Joseph W. Ricigliano Typed or printed name OTE Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one injuriate a in required, see before. | I am the applicant/inventor. | | | | | |
| attorney or agent of record. Registration Number 48,511 attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 June 19, 2009 Date Joseph W. Ricigliano Typed or printed name Total of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one injuried use below. Total of 1 forms are submitted. | | | | | | |
| Registration number if acting under 37 CFR 1.34 June 19, 2009 Signature Joseph W. Ricigliano Typed or printed name Telephone Number Telephone Number OCTE: Spinatures of all the insentors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one injurious is required, see below. Total of 1 forms are submitted. | | | | | | |
| Joseph W. Ricigliano Typed or printed name Total phone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. Total of 1 forms are submitted. | / | | | | | |
| Joseph W. Ricigliano 202.416-6800 Typed or printed name Telephone Number | 1 la | Mar. Richian | | June 19, 2009 |) | |
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| is collection of information is required by 37 CFR 1,136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the | | To into ur | | | | |

FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.